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Offending Competency and Coercive Control in Intimate Partner Violence

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Short title: Offending competency in IPV

Abstract

This paper considers some of the ways in which intervention approaches for perpetrators of intimate partner violence (IPV) might be enhanced through the explicit consideration of the offense process. It is suggested that those who are experts in perpetrating this type of violence routinely use coercive controlling violence in intimate relationships. This group, for whom violence is instrumental, are not only likely to be at highest risk of offending, but also the most difficult to treat. They are more likely to have long developmental histories of violence, hold entrenched attitudes, and utilize knowledge about the effects of intimidation to avoid detection. It is suggested that specific consideration of what is known about the causes and correlates of IPV in those who follow this approach-explicit pathway can improve the outcomes of current perpetrator behavior change programs.

1. Introduction

Fifteen years ago Tony Ward published an article which drew attention to the skills or competencies that sexual offenders develop over time that allow them to successfully offend (Ward, 1999). The paper was one of the first to propose that treatment should not only seek to address major risk factors (or criminogenic needs), but also take account of the skills required to successfully execute an offense. It was followed by the publication of a series of qualitative studies that described the sequence by which sexual offending occurs, illustrating the multiple pathways that it follows (e.g., Webster, 2005). This work highlighted the considerable heterogeneity that exists within the sex offender population and established, for example, that the core issues for at least some offenders are less to do with a failure to self-regulate (e.g., the effects of stress, intoxication, low empathy, or impulse control) than they are to a conscious and purposeful decision to offend in the pursuit of self-gratification (see Ward, Yates, & Long, 2006). This new understanding of the offense process has proved helpful in the development of approaches to sex offender treatment that are more closely matched to the needs of individual participants and their specific offending patterns (see Yates & Kingston, 2006).

The aim of this paper is to consider how an understanding of offense pathways and, in particular, the notion of 'offending competency' might help to inform the further development of treatment approaches for perpetrators of intimate partner violence (IPV). It is reasonable to suggest that there is some room for improvement here (see Babcock & Green, 2004; Feder & Wilson, 2005), particularly in relation to the treatment of the highest risk and most dangerous offenders (see Pascual-Leone, Bierman, Arnold, & Stasiak, 2012). However, there is considerable disagreement about how this might be best achieved (see

Dutton & Corvo, 2005; Gondolf, 2007; 2011; 2012); whether it be through the adoption of different methods of assessment (e.g., risk assessment), of treatment (e.g., CBT), through the targeting of particular treatment targets (e.g., substance use), or through improved inter-agency and partnership working practices (see Day, Chung, O'Leary, & Carson, 2009). The underlying premise of this paper, consistent with developments in the field of sex offender treatment, is that those with most 'expertise' in IPV will require different interventions and that a better understanding of the processes by which offending occurs will facilitate the development of more effective perpetrator intervention programs. We start, however, by briefly considering the different typologies of IPV offender that have been proposed, before arguing that the notion of 'offending competency' has most meaning in relation to the subgroup of IPV perpetrators for whom violence is both conscious and purposeful and occurs within the context of a broader pattern of coercive control. We then consider what is known about the offending pathways of this group and the theoretical, research and clinical implications - and advantages - of this approach.

1.1. IPV Offender Typologies

A relatively large body of empirical work now exists which identifies different subtypes of adult IPV perpetrator. This generally classifies IPV in terms of either the severity, frequency, or the generality of the abuse, although some studies have also considered characteristics of the perpetrator. Tweed and Dutton (1998), for example, differentiated between the 'impulsive' and the 'instrumental' perpetrator, with the impulsive group made up of those who commit less serious violence in the context of borderline personality and anxious attachment traits. Chase, O'Leary, and Heyman (2001) similarly distinguished 'proactive' from 'reactive' aggression in IPV. The term reactive aggression is widely used to

refer to aggression that occurs in response to a triggering event (often a frustration) and produces an internal state of emotional arousal and an impulse to hurt or harm the provoker. In contrast, proactive (or instrumental) aggression does not involve emotional arousal, as the primary goal is to obtain some reward. In practice, however, many aggressive acts contain elements of both, and can be difficult to categorize in these terms (see Babcock, Tharp, Sharp, Heppner, & Stanford, 2014; Barratt & Slaughter, 1998).

Other typologies have focused on the nature of the violence itself. One of the most important, and potentially most useful, classification schemes has emerged from the work of Michael Johnson (see Johnson 1995; Johnson & Cares, 2014). Johnson identifies four discrete types of IPV. First, *Coercive Controlling Violence* describes a pattern of emotional abuse, intimidation, coercion, and control that is commonly associated with persistent and serious physical violence. The origins of this term lie in the notion of 'patriarchal terrorism', originally defined as "a form of terroristic control of wives by their husbands that involves the systematic use of not only violence, but economic subordination, threats, isolation, and other control tactics" (Johnson, 1995; p. 284). Thus, this type of violence is characterized by the use of a wide variety of other methods of asserting power and control in intimate relationships, in addition to physical violence. The second type, *Situational Couple Violence*, describes partner violence that is not based on coercive control and has also been referred to a 'common couple violence'. Johnson and Cares (2014) describe this as particular conflicts that escalate into violence, either in relation to idiosyncratic incidents or patterns of relating that produce repeated conflict. This is the most frequently identified form of adult IPV, is thought to be perpetrated equally by women and men, and is theorized to arise from stress and maladaptive communication styles. Third, *Violent Resistance* is violence that occurs as a direct response to high levels of coercive control, and can also be understood as a form of

self-defense. Finally, *Separation-Instigated Violence* describes violence that first occurs following separation, but which can be differentiated from continuing violence that also occurs in the context of a separation (see Johnson & Cares, 2014).

These typologies complement those proposed by Holtzworth-Munroe and Stuart (1994) who used the term *Family-Only Violence* to refer to male perpetrated domestic violence that occurs primarily in response to environmental triggers, such as substance abuse, extreme stress, loss of jobs, or severe work challenges. Such individuals do not typically endorse the use of violence and exhibit empathy and positive attitudes towards women. Within this typology a distinction is made between the *Primarily Violent* offender who engages in some violence outside of the family, and those who are *Generally Violent* and have extensive criminal histories. This latter group displays sporadic and extreme violence against a variety of targets, often with little provocation. Generally violent individuals are thought to have low levels of empathy and hold more pro-violence attitudes.

1.2. *Intimate Partner Violence and Self-Regulation*

Ward and Hudson's (2000) Self-Regulation Model of sexual offending identifies four distinct offense pathways which can be distinguished from each other in relation to a) the goals, and b) the self-regulation styles of offenders. Two of the pathways are labeled 'avoidance' pathways which describe the behavior of those who wish to abstain from offending. The 'avoidance-passive' pathway characterizes those who lack sufficient coping skills and self-awareness to not offend, whereas the 'avoidant-active' pathway describes those who try to manage their risk but use ineffective strategies which are ultimately counter-productive. In contrast, the two 'approach' pathways describe those who are motivated to offend. The 'approach-automatic' pathway describes offenders who have

impulsive and poorly planned behavior, whereas the 'approach-explicit' pathway characterizes those who use effective self-regulation to create and exploit opportunities to sexually offend. They may not only carefully select potential victims and plan their offending, but also carefully consider how to best avoid detection (see also Yates, Prescott & Ward, 2010).

In the context of IPV, the Self-Regulation Model has the capacity to enhance our understanding of the different types of violence that are captured in the Johnson and Holtzworth-Munroe and Stuart typologies. It is likely, for example, that while those who perpetrate situational or family-only couple violence typically follow an 'avoidant' offense pathway (this group is characterized by anti-violence attitudes, appropriate levels of empathy, and pro-women attitudes), the behavior of those who routinely use coercive control (the generally violent/antisocial) might be better understood in terms of the 'approach-explicit' pathway. They create and exploit opportunities to exert power in their intimate relationships, and consciously use a combination of different control tactics to achieve their goals, using violence in a hostile manner that is manipulative, callous, and instrumental (Ross & Babcock, 2009).

The Self-Regulation Model suggests that for those who use the avoidant-passive pathway, the primary problems that require intervention are inadequate coping skills and a lack of offense process awareness. Thus interventions for this group should include a significant focus on increasing awareness of the steps in the offending chain and developing a range of skills to help them deal more appropriately with problems (see Ward et al., 2006). In contrast, the core problems for approach-automatic pathway offenders reside in their positive beliefs about abusive behavior. These are likely to prove more difficult to change. Although approach-automatic individuals also fail to self-regulate, it is suggested that

enhancing skills in this area should only occur after a fundamental shift in motivation to offend has occurred. In other words, improving the ability to regulate behavior in the absence of changing positive beliefs about offending may run the risk of increasing the offender's ability to achieve pro-offense goals (i.e., facilitate the learning of an approach-explicit pathway; see Yates & Ward, 2007).

1.3. *What is Coercive Control?*

It is the generally violent group, the coercive controlling, or the instrumentally/proactive violent group, which is of most interest from a risk management and intervention perspective. For the majority of these offenders, violence not only escalates over time, but is likely to be more severe (see Johnson, 2006). In addition, those who use high levels of coercive physical violence also engage in higher levels of sexual coercion and threatened forced sexual activity (Marshall & Holtzworth-Munroe, 2002). Furthermore, there is tentative evidence that the combination of physical or sexual violence with coercive control leads to worse health outcomes for female victims. Krantz and Vung (2009) examined these associations in 883 Vietnamese women, reporting that the odds of pain/discomfort for violence alone increased from 3.75 to 15.4 when physical violence was combined with coercive, controlling behaviors. Similarly, the odds of suicidal thoughts in relation to physical or sexual violence were 4.64, but increased to 10.8 when violence occurred along with coercive control. Leone, Johnson, and Cohan (2007) also found that this group reported more severe physical violence, violence that increased in frequency and severity, and that resulted in injury. Victims reported more symptoms of PTSD and depression, and lower levels of perceived social support.

A recent study of British male perpetrators suggests that those who share the personality pathology that characterizes generally violent and antisocial perpetrators will typically fail in their attempts to desist (Walker, Bowen, Brown & Sleath, 2014; in press a). In addition, Eckhardt et al.'s (2008) study showed that generally violent group were least likely to complete treatment (9.8% vs. 77% of 'family only' and 39% of 'borderline dysphoric'), were most likely to be re-arrested (45% vs. 18%, 38%), and were more likely to be identified as recidivist abusers by either their partner or self-reports within a 13 month period after being referred to an intervention program. It has been estimated that they account for approximately 30% of the corrections IPV perpetrator population (Dixon & Browne, 2003). In short, this group of IPV offenders should be considered to be the highest risk and it is in this context that a sophisticated understanding how coercive controlling behavior relates to the offense process becomes important. The mechanisms by which coercive control develops, how it influences the way in which violence is understood (rationalized and justified), and how skills in avoiding reporting, detection, and conviction develop over time, are all important therapeutic issues in perpetrator intervention programs.

Of course, much is already known about the IPV offending process. Kelly and Johnson (2008), for example, have suggested that coercive controlling violence can be readily understood in terms of the patterns of power and control depicted in Pence and Paymar's (1993) original model of IPV. The 'power and control wheel' depicts major forms of coercive control including: intimidation; emotional abuse; isolation; minimizing, denying, and blaming; use of children; asserting male privilege; economic abuse; and coercion and threats. The term 'tactics' is sometimes used (e.g., in the Duluth program materials and in measures such as the Conflict Tactics Scale) to describe these different types of control,

reflecting the view that these are strategies used intentionally to support behavior that is both purposeful and goal-directed (see Mankowski, Haaken, & Silvergleid, 2002).

There have been some attempts to document the specific patterns of coercive control that characterize violent relationships. A sequential analysis of reports of violent arguments at home by Babcock, Jacobson, Gottman, and Yerington (2000), for example, highlighted some of the individual differences that exist between perpetrators of domestic violence. This study described those who used authority and control as different from those who reacted aggressively to partner withdrawal. Whereas the latter group used distancing behaviors ('stonewalling', active 'tuning out' of the partner, or contempt), those who were controlling tried to engage their partners through belligerence. Those who reacted to withdrawal were described as anxious, expressing strong feelings of love, anger, and guilt toward their partner, and particularly sensitive to real or imagined threats of abandonment. Similarly, Horwitz, Santiago, Pearson, and LaRussa-Trott (2009) describe the use of an offense mapping methodology to identify what they refer to as circular 'patterns of unresolved conflict' which they then discuss in treatment. They conclude that the violence is "primarily a pattern of failed interactional, recursive sequences driven by thoughts and feelings translated into conflict tactics (behaviors) that may be initiated by either partner simultaneously or at different points in time to resolve differences" (p. 254). Descriptions such as these provide the type of data that is likely to be of great value in intervention programs, and yet these studies have sought to understand situational couple violence, rather than the more serious *coercive controlling* violence that is the focus of this paper. We now turn our attention to what is known about the cognitive and attitudinal bases of coercive controlling violence, the familial and developmental origins of this type of violence, and how this group of perpetrators might seek to avoid detection. We suggest that

knowledge about each of these areas can help to develop a detailed understanding of how offending competency in IPV perpetrators develops over time and becomes embedded in their normal patterns of relating. As Nee and Ward (this issue) suggest, this leads to ways of thinking about violence that are faster, more cognitively economical, that are triggered automatically in relevant environments and are based on considerable experience and the honing of skill over time.

1.3.1. Cognitive Correlates of Coercive Control

One of the main objectives of any treatment that aims to reduce violence is to modify those beliefs and attitudes that underpin and facilitate aggressive and violent behavior. The networks of beliefs that support, facilitate, or legitimize offending are considered key risk factors for re-offending and thus represent important targets for change (see Gannon, Ward, Beech, & Fisher, 2007; Walker, Bowen, Brown & Sleath, in press b; Ward, 2000). There are now a number of studies which show that many IPV perpetrators consider controlling or even violent behavior to be both appropriate and legitimate. Wood's (2004) analysis of interviews with incarcerated men who had committed intimate partner violence offenses, for example, identified a theme of 'justification', reflecting what was described as a patriarchal view of manhood and identification with traditional western male gender roles. Walker et al. (2014, in press, b) similarly found that partner-violent men used justifications in order to give themselves permission to be violent, and identified this as fundamental to the continuation of the abuse. The main justifications reflected men's beliefs that their violence was simply part of their personalities, that their behaviors were neither violent nor abusive, and that their partners were to blame for them using violence. Another study simply observed that male perpetrators saw themselves as moral people

whose violence occurred in the context of their fulfilling their role as the provider and protector for the family (Dempsey & Day, 2011). These studies, and others (e.g., Tilley & Brackley, 2005), provide consistent evidence that IPV offenders hold similar sets of core beliefs about themselves, the world, and their violence that can help to account for the continuation of IPV. These networks of beliefs that support, facilitate, or legitimize offending are considered to be key risk factors for offending and it has been suggested that different sets of belief are associated with different offense pathways. For example, Martin (2008) describes how beliefs about entitlement characterized the offending of certain type of serious violent sexual offenders.

It is possible to identify factors that moderate the strength of these beliefs. For example, a recent analysis of criminal thinking styles among a sample of 595 non-IPV adult incarcerated offenders (Mandracchia & Morgan, 2012) found that being single (compared to being in a relationship) was associated with higher levels of control-related maladaptive thinking. Although they did not consider offense pathways directly, it is possible to link these types of thinking style with the typologies described above. For example, Mandracchia and Morgan speculated that those in a relationship learn to relinquish control (as they learn how to engage in the relationship) or, alternatively, that those who yearn for control are less likely to enter committed relationships. They did not, however, consider how the use of coercive tactics develops over time in those who are highly motivated to exert control in their intimate relationships, or discuss the differences in belief structures between subgroups of IPV perpetrators and how these change over the course of an intimate relationship. Spidel et al. (2007) do nonetheless postulate that more instrumental individuals see relationships as a form of business contract, seeking out partners in order to gain financially, or “for other parasitic uses of a spouse’s resources or power” (p. 331).

Consequently, the propensity and need to be controlling is fulfilled through their engagement in relationships which provides them with someone to control.

1.3.2. Developmental and Family of Origin Influences

A particular advantage of conceptualizing offending as a process (rather than as a state or set of characteristics) is that it introduces a developmental perspective that can be used to (help perpetrators) understand the origins of abusive behavior. This can help to establish the extent to which intimate partner violence is not simply defined by a physical act of violence, but as something that involves a pattern of abuse that develops over time and which has its origins in childhood. In short, it can help to frame violence as occurring “within a context of a far broader pattern of maladaptive controlling behavior” (Buzawa & Buzawa, 2013, p. 129), at least for some perpetrators. The parallel with sexual offending, here, would be in terms of offending that occurs within the context of an emotionally close relationships with a child (Yates, Prescott, & Ward, 2010)

Holtzworth-Munroe and Stuart (1994) provide a hypothesized developmental trajectory for each of their types of IPV. They identify a range of distal (e.g., genetic loading for impulsivity, family of origin violence, peer delinquency), and proximal (e.g., attachment style, impulsivity, social skills, attitudes towards women and attitudes towards violence) risk factors for violence. Specifically, it is argued that ‘generally violent’ offenders have the highest genetic loading for impulsive and aggressive behaviors, have experienced (through witnessing and being directly victimized) the greatest levels of violence within their family of origin, and have extensive involvement with delinquent and deviant peers. Indeed, it is proposed that these individuals will have a childhood diagnosis or clinical traits indicative of conduct disorder, thereby paralleling the characteristic of Moffitt’s (1993) early onset

juvenile offender. In addition, at a proximal level it is suggested that the generally violent group will present with low levels of empathy, be dismissive of relationships, exhibit a dismissing attachment style as a function of their violent childhood socialization, and hold conservative gender-role beliefs and attitudes towards women. This group will also hold attitudes that are supportive of the use of violence. Holtzworth-Munroe and Stuart further suggest that the combination of narcissistic and impulsive traits lead them to perceive violence as an appropriate retaliation against provocation, in the absence of more appropriate conflict-resolution skills.

It is not surprising given the resources required, that a full longitudinal prospective examination of these hypothesized developmental pathway(s) to coercive violence within intimate relationships has yet to be undertaken. However, research conducted using both the Johnson and Holtzworth-Munroe and Stuart typologies does provides support for some of the original hypotheses, although such studies typically include small samples and adopt cross-sectional designs. For example, Johnson and Cares' (2014) investigation of the effects of childhood experience of family violence on subsequent perpetration found that coercive controlling violence was strongly associated with exposure to IPV in childhood. They reported that the odds of being an 'intimate terrorist' in adulthood were 7.51 times greater for boys who had experienced parental partner violence in childhood than they were for those who had not. A number of other studies (e.g., Delsol, Margolin & John, 1998; Holtzworth-Munroe, Herron, Rehman & Stuart, 2000; Waltz, Babcock, Jacobson, & Gottman, 2000) that attempted to replicate the Holtzworth-Munroe and Stuart (1994) typology confirm that the cluster identified as Generally Violent/Antisocial is characterized by the most severe forms of violence, highest levels of violence to non-intimates, most severe inter-parental violence during childhood and avoidant attachment style.

A small number of longitudinal studies have also identified developmental antecedents of violence and abuse in adult intimate relationships, although these studies do not focus on clarifying the developmental antecedents of specific IPV perpetrator 'types' per se, nor do they include measures of coercive control. In one of these Magdol et al. (1997; 1998) examined the predictors of partner violence in the Dunedin cohort. Partner violence was assessed when the cohort were 21 years old, and both self and partner report of violence were obtained. They found that for men, severe violence was associated with unemployment, low educational attainment, low social support, poly drug use, antisocial personality disorder symptoms, depression symptoms and violence towards non-intimates. The 2008 study identified that close parent-child attachment reduced the risk for later partner-violence as did having both parents present during middle childhood. The most consistent predictor of partner violence was the occurrence of early problem behaviors assessed at age 15 through self reported delinquency, parent reported conduct disorder and self reported substance abuse. These behaviors remained significant predictors of IPV after controlling for other risk factors.

Another study, reported by Andrews, Foster, Capaldi, and Hops (2000), examined the relationships between family conflict, depression, and antisocial behavior (assessed during late adolescence) and IPV in young adulthood in a sample of 254 young people (63% female). They found that problematic family communication and antisocial behavior during adolescence predicted physical aggression. Ehrensaft, Moffitt, and Caspi (2004), again drawing upon data from the Dunedin cohort study also compared the developmental antecedents of individuals who when aged 22 – 24 years, were in abusive relationships that led to clinical or legal intervention, with those who were abusive but did not attract intervention, and those who were non-abusive. It was found that men who were in a

clinically abusive relationship could be differentiated from those in a non-clinically abusive relationship on the basis of externalizing behavior problems during childhood and adolescence (parent and teacher report), and adolescent diagnoses of conduct disorder and attention-deficit disorder. Adolescent clinical personality profiles also differentiated men in clinically and non-clinically abusive relationships, with those in clinically abusive relationships having higher scores on stress reaction, alienation, and aggression but lower on traditionalism and social closeness than men in non-clinically abusive relationships.

Finally, Ehrensaft, Cohen, and Johnson (2006) specifically examined the prospective association between the developmental trajectory of personality disorder symptoms from pre-adolescence and IPV in adulthood (mean age 31) in a sample of 543 North American adults recruited into the Children in the Community cohort study 20 years previously. Based on DSM-IV personality disorder clusters it was found that Cluster A (Odd/Eccentric: schizoid, paranoid, schizotypal) personality disorders were predicted by exposure to domestic violence. Cluster B (Dramatic/Erratic: antisocial, borderline, narcissistic, histrionic) personality disorders were predicted by both exposure to domestic violence and childhood sexual abuse, and both Cluster A and B disorders were predicted by adolescent conduct disorder. When examining predictors of IPV, it was found that Cluster A and B disorders partially mediated the link between family violence during childhood and adult IPV perpetration.

Longitudinal evidence suggests that the developmental trajectory of partner violence in general, is characterized by developmental stage-appropriate interpersonal aggression and abuse towards peers and partners (Magdol, Moffitt, Caspi & Silva, 1998), in what is referred to as heterotypic continuity (Moffitt, 1993). For example, Corvo and deLara (2010) suggest that engaging in peer violence may also be a developmental precursor to adult IPV,

and specifically mediate the intergenerational transmission of violence. Wekerle and Wolfe (1999) similarly propose that inter-parental violence may lead to the development of internal working models characterized by coercion and abuse as means of obtaining power in peer and dating relationships. In one study that compared the attachment patterns of violent versus non-violent husbands, violent men were shown to be more likely to have experienced an insecure attachment. They reported having a high need for nurturing from their wives and were prone to jealousy and mistrust of their partners, yet also reported a tendency to experience discomfort with closeness (Holtzworth-Munroe, Stuart, & Hutchison, 1997).

Collectively, these studies suggest that several different trajectories of violence in intimate relationships exist (Cantos & O'Leary, 2014), which fits with the evidence that desistance is the most typical longitudinal trajectory (Whittaker, Le & Niolon, 2010) other than when the violence and abuse is severe. What is unclear however, despite the small number of longitudinal studies available is whether, akin to delinquency (e.g., Moffitt, 1993), those who initiate violence and abuse at an earlier age, are more likely to engage in more severe forms during adulthood that are characterized by coercive control. A recent examination of the age-crime and age-IPV violence curves using an accelerated longitudinal design from ages 13 to 28 (Johnson et al., 2014) showed that for boys, the two curves mirrored each other in terms of their shape, with the peak of both delinquency and physical IPV occurring between the ages of 17 and 20, although more boys were involved in delinquency (33%) than IPV (20%). It was found that IPV in males shared risk factors with delinquency (antisocial behavior, drug and alcohol use), and that these variables accounted for 22% of the age-related difference in IPV. However relationship factors accounted for far greater variance (jealousy, disagreements, transitions to co-habitation, and transitions to

marriage). Based on a community rather than clinical sample, and without incorporating measures of control, this study identifies some of the hypothesized developmental antecedents of the 'generally violent' group (Holtzworth-Munroe & Stuart, 1994), including antisocial behavior, and drug and alcohol use as promoters of IPV over time. However, the extent to which the other findings (transitions within relationships, jealousy) relate to this subtype has yet to be established. Thus, current knowledge about the developmental pathways to different types of IPV offending is somewhat limited, and more sophisticated longitudinal research (which avoids stereotyping all IPV as behaviour that has the same functions and meaning) is needed.

1.3.3. Avoiding Detection and Conviction

Bourke et al. (2012) make the observation that the ability of some (child sex) offenders to avoid detection over many years with numerous victims is the result of refined offending skills, such as decisions about when and where to offend, deceiving people close to them, as well as the capacity to regulate their emotional state and give the appearance of leading a seemingly normal life. We appear to know very little about the way in which those who use coercive control tactics form relationships that later become characterized by violence which is not reported, although it is reasonable to assume that the control and intimidation of the victim plays an important role (Holtzworth-Munroe & Stuart, 1994).

Abusive men have been described by shelter/refuge populations of female victims as 'Jekyll and Hyde' characters. As these women are likely to have experienced severe violence, it is also likely that the men they described fit within the coercive controlling or generally violent groups. In a qualitative study of 22 Swedish survivors of domestic violence, Enander (2010) identified the dual identity that abusive men have both within their relationship with

their victims, and also across their relationships with victims and others. Perpetrators were described as being sociable, charming, likeable, charismatic, talented and sensitive, and this identity was identified as what had drawn women to them at the start of the relationship. However, this presentation continued with other people even after the individual's behavior towards the partner had become abusive. This perhaps attests to the skills of some IPV perpetrators to be able to manipulate their self-image in order to maintain an external veneer of normalcy.

Sleutel (1998) conducted a review of qualitative research which reported first person accounts of female IPV victims. These studies consistently identify the difficulties faced by female victims in giving up faith that their partner would change. In addition, they illustrate how psychological rather than physical attacks are often more destructive (due to their long-term emotional consequences) and how the intermittent nature of physical violence leads victims to vacillate between fear and hope. It has also been suggested that psychological abuse serves to maintain abusive relationships by making victims doubt the reality of their experience (e.g., Sackett & Saunders, 1999). As a consequence female victims may be unable to clearly identify their position, experiences, and options for help-seeking. Indeed, Dutton (1992) suggests that, for some women at least, it is only when an abusive relationship has ended that they can truly understand what they had been enduring.

Intimidation can take many forms, including implicit threats, looks, or gestures, explicit threats of violence, actual physical violence, property damage, other threats (such as to children or challenges to child custody or immigration status). Dedel (2006) notes that threats are much more common than actual physical violence, and can be just as effective in coercing co-operation. Intimidation may also involve an escalating series of threats and actions that become more violent over time.

Finally, there have been some interest in understanding what can be termed 'conviction evasion skills', including skills in navigating the legal system and in covering up evidence. Willis (1997), for example, reports that "batterers are master manipulators" (p.179) who will do anything to prevent their prosecution. Examples are offered, such as ringing the victim from jail threatening retaliation, promising their victim that they will change and that the future will be better, enlisting family members to threaten their victim, paying for their victim to leave town so that prosecution cannot proceed, or paying for an expensive lawyer to create a case against the victim. These suggestions are not, however, tied to empirical research, and there is no discussion of whether these behaviors relate to specific types of IPV perpetrator. Nonetheless, fear regarding reprisals instilled by the perpetrator as a form of control is often cited by victims as a reason for not pursuing arrest or conviction (Buzawa & Buzawa, 1996; Hoyle & Sanders, 2000).

A recent report published by Her Majesty's Inspectorate of Constabulary of England and Wales (HMIC, 2014) provides some evidence from victim accounts of how IPV perpetrators can manipulate and control the crime scene when police officers attend. These included making a counter-allegation against the victim (which occurred in 30% of 600 cases reviewed). In addition, victims reported that when the police arrived, the perpetrator appeared calm and plausible (in contrast to their own emotionality) which they believe led police to view the perpetrator's account of events as more credible than theirs. A case study reported by Hardman (2014) also describes how a single IPV perpetrator managed to manipulate the police, prosecutors, and witnesses into believing that his victim (wife) was a legitimate threat to his own and their children's safety, when he was a perpetrator who had exerted a 10-year reign of coercive control and violence against his wife.

What is missing from this literature, however, is a detailed, rigorous empirical analysis of the process of detection evasion and, once again, which type of IPV perpetrator is most likely to engage in such behaviors. We can only speculate that the coercive controlling or generally violent offenders will be more likely to, for example, spend time thinking about ways of not getting caught, anticipate police strategies for detection, or select victims who are unlikely to go to police and so on (Jones, 2013). This is a key issue for the development of effective perpetrator intervention programs, as critics have pointed out that those who participate may simply become more skillful at concealing their violence (Rothman et al. 2003).

2. A Self-Regulation Model of Intimate Partner Violence

The aim of the paper was to consider the extent to which an understanding of different offending pathways in intimate partner violence might facilitate the development of a more accurate and individualized picture of offending which can help to move the field further away from a 'one size fits all' approach to intervention and thereby improve program effectiveness, as well as assist with victim safety planning.

In our attempt to draw together the extensive body of relevant research that is covered in this review, we return to our original suggestion that the self-regulation model of sexual offending (see Yates, Prescott & Ward, 2010) to understand the notion of offending competency in IPV. Clearly much is known about the different forms that IPV takes and its developmental origins, and yet the existing literature largely fails to differentiate between different types of IPV perpetrator and consider how their violence has different functions and follows different pathways. In our view, this lack of attention to individual difference has limited the extent to which much of this knowledge can be applied in behavior change

programs, and yet clearly there are some who learn to be very effective at exercising power and control in their relationships. We can conclude that as 'competency' develops, the use of coercive control tactics become more successful without the need for physical violence, especially in relationships in which violence has already occurred. These perpetrators draw on their past experience about how victims will react to their violence and coercion, which then facilitates decision-making that is largely automatic and out of conscious awareness in the commissioning of new offenses. In other words, knowledge about which tactics are likely to prove most intimidating and coercive, which forms of abuse lead to the most harm, and the most effective methods of avoiding detection can all be used to control partner behavior. In many ways this type of behavior resembles the *approach-explicit* offense pathway that is described in the Self-Regulation Model of sexual offending.

The Self-Regulation Model is a multi-phase model of the offense process which places particular emphasis on the offending behavior and its development. The phases include: (1) triggering life event, (2) desire for offensive sex/activities, (3) goals regarding offending, (4) planning strategy selected, (5) high-risk situation/victim contact, (6) lapse/gain compliance, (7) sexual offense, (8) evaluation, (9) attitude to future offending. The model is often illustrated in a flow chart, which has been adapted (and simplified) below to present a graphical depiction of coercive controlling intimate partner violence. It illustrates how for the approach-explicit group, exposure to IPV and coercion in childhood can lead to the development of beliefs about gender and patriarchy which translates into the desire for relationships involving power and control in adolescence. Coercive control behaviors then become established (and elaborated), as the perpetrator learns how to most effectively use threats and intimidation to gain compliance. This is then reinforced and

rationalized and provides the motivation to develop knowledge about how best avoid detection (see Figure 1).

< Insert Figure 1 about here >

2.1. Why consider the Self-Regulation Model of IPV?

Although typological approaches to IPV perpetrators gained momentum during the 1990's and early 21st century, there remain concerns regarding their development, use and clinical relevance. For example, Capaldi and Kim (2007) raise some important concerns regarding whether the previously identified subtypes truly reflect 'different' groups, or reflect a continuum of risk (low, medium, high) characterized by the intersection of violence severity and psychopathology. Indeed, evidence from studies conducted to validate Holtzworth-Munroe and Stuart's (1994) typology in particular suggest that this might be the case. For example Holtzworth-Munroe et al. (2000) attempted to validate the typology on a community sample of 102 men who had been physically aggressive to their wives. The results of their analysis yielded four, rather than three subgroups. The expected groups of Family Only, Generally Violent/Antisocial and Dysphoric/Borderline offenders were confirmed, and in addition, a 'Low Level Antisocial' group were identified. This group was characterized by moderate scores on antisociality, marital violence, and general violence, and were positioned as intermediate to the Family Only and Generally Violent or Antisocial groups, suggesting that two dimensions of psychopathology broadly underlie IPV:

antisociality and borderline traits. Moreover, within the antisociality dimension, three groups which roughly correspond to a low, medium and high severity/psychopathology/risk categorization exist.

By framing IPV within the Self-Regulation Model we move away from formulations that focus on the psychopathology of the perpetrator and, in particular, on the presence of traits which are suggestive of antisocial personality disorder to those that focus on the onset, maintenance, and development of IPV behavior. In other words, we propose that an application of this dynamic, descriptive framework to the offense process is more useful from the perspective of intervention, as it illustrates how coercive control develops and manifests over time, as IPV becomes entrenched (or as expertise or offending competency develops). This suggestion is consistent with Holtzworth-Munroe and Meehan's (2004) argument that there may be several benefits to using a dimensional rather than typological approach to understanding IPV.

A further concern sometimes expressed in the IPV literature is the extent to which the previously reported typologies can actually be assessed and consistently identified. Specifically, a preliminary study conducted by Langhinrichsen-Rohling, Huss, and Ramsey (2000) compared two strategies for deriving perpetrator typologies. The first empirical strategy uses cluster analysis methods to analyze the self-reported psychopathology and personality characteristics of IPV perpetrators (c.f. Hamburger & Hastings, 1986). The second theoretical strategy reflects the work of Holtzworth-Munroe and Stuart (1994). To compare these approaches the researchers derived an empirical trimodal typology of 49 IPV perpetrators based on their MPMI profiles (Normal/Psychopathic Deviate/Seriously Disturbed or Fake Bad), and a theoretical typology based on the use of cut-off scores from clinical measures (Family Only/Generally Violent/Dysphoric Borderline). Five advanced

clinical psychology Ph.D. graduate students were asked to sort the 49 perpetrator MMPI profiles using their judgment regarding the similarity of the individual profile with the composite profile to make their decision. The clinicians were found to be very poor at classifying the offenders, with correct classifications occurring in 64% of cases. However, in only 26.6% of cases did all five raters agree with subgroup placement. In 18% of cases at least one student chose each subtype as a possible match for the profile. It was found that when the decision rules were used 23.5% of the offenders could not be classified into any of the types. In addition, there appeared to be little overlap in subgroup membership across both typologies with only 46.9% of the perpetrators classified similarly across typologies. When clinician ratings in relation to treatment adherence, engagement and risk were made, differences were also identified depending on whether the empirical or theoretical typology was used. For example the Generally Violent/Antisocial group were identified as more violent at the completion of therapy by their therapists than members of the other two theoretical groups. They were also rated as less likely to be violence free six months later, and were rated as significantly less likeable. When the empirical typology was examined however, contrary to expectations, members of the Psychopathic Deviate group were perceived as significantly more likely than men in the other two groups to remain violence free.

A similar study, but using MCMI rather than MMPI profiles, was reported by Lohr et al. (2005). In addition, the study used seven Ph.D. level clinicians with expertise in domestic violence as sorters, and the participants were asked to sort 36 MCMI profiles into three groups based on Hamberger et al.'s (1996) typology (negativistic-dependent/antisocial/non-pathological). The results were more positive than those reported in the earlier study. With 92.9% of negativistic-dependent, 98.8% of antisocial and 53.8% of non-pathological profiles

sorted correctly. Of the non-pathological cases that were incorrectly sorted, 40.5% were incorrectly identified as antisocial, and 5.95% were incorrectly identified as negativistic-dependent.

These findings suggest that different typology strategies lead to the same perpetrators being classified differently. They also suggest that MMPI profiles may not be the best way of classifying IPV perpetrators. The differences between the findings of the two studies may be accounted for by any one of the methodological variations: level of clinician training, use of MCMI vs MMPI, use of written and graphical rules for sorting vs written only, and potential interactions between these variations. However, a difficulty remains in that in many cases practitioners who are assessing and treating IPV perpetrators are not formally qualified clinical psychologists (Bowen, 2011), and therefore are unlikely to have the requisite knowledge to be able to administer and interpret the clinical measures used to derive the typologies tested. Consequently, regardless of clinician's ability to systematically identify subtypes from clinical measures, the clinical utility of typologies as previously described is questionable across assessment and intervention settings. An approach to identifying clinically relevant subtypes that does not focus on the use of clinical measures, but that is based on understanding the antecedents, behaviors, and their consequences is thus arguably of greater utility to a broader range of practitioners. In addition detailed guidelines are available to assess each phase of the offense process, determining the offender's goals, and how the style of self-regulation influences behavior at each phase (see Yates et al., 2010).

2.3. The Self-Regulation Model allows greater matching to intervention

A final concern relates to the effectiveness of current interventions, and the potential of client-treatment matching. It is clear that current approaches to treatment lead

in general to small, non-significant treatment effects across whole samples (e.g., Babcock et al, 2004; Feder & Wilson, 2005). As alluded to previously, data indicates that traits associated with approach-explicit IPV pathways are predictive of poor treatment outcomes (see also Dutton, Bodnarchuk, Kropp, Hart, & Ogloff, 1997; Jones & Gondolf, 2001), yet there is very limited evidence with regards to the potential of client-treatment matching. One study reported interaction effects between IPV perpetrator traits and recidivism in relation to two different treatment approaches. Saunders (1996) randomly assigned perpetrators to either a Feminist Cognitive Behavioral Therapy (FCBT) or Process Psychodynamic Therapy (PPT) intervention. The FCBT program was characterized by features incorporated within the dominant Duluth men's programme: progressive relaxation, coping thoughts and self-talk and emotion awareness training which were facilitated through role play, lectures and instruction. The focus of discussions was most often the past month. In contrast the PPT treatment focused on childhood losses and rejection, childhood experiences with violence and emotional safety within the group which was facilitated through self-disclosure and instruction. The focus of discussion was also the present (last month) with greater discussion of events in the group, and events from age 18 than the FCBT group.

It was found that an absolute diagnosis of antisocial personality disorder (MCMI-I, BR>75) did not interact with treatment approach. However, when the antisocial scale scores rather than cut-off scores were used a significant interaction was found. Similarly, when scores derived from factor analysis in which antisocial personality traits, substance abuse proneness and histrionic traits were combined, there was a significant interaction between score and treatment. In both instances, individuals with high antisocial personality traits (however derived) were less likely to recidivate according to partner reports over an

average of 36 months, if they completed the FCBT program and were more likely to recidivate if they completed the PPT program.

Although no non-treatment control was included in this study, these findings point to the potential need to develop treatment strategies which reflect and compliment the presenting needs of the client group. Indeed there is evidence that tailoring interventions to specific forms of violent behavior can improve outcomes (e.g., Antonius et al., 2010; Volavka & Citrome, 2008). From Saunders' (1996) results it is possible that modifications to existing intervention programs may lead to improved results specifically for approach-explicit IPV perpetrators who are likely exhibit certain traits and have particular developmental experiences. This approach would be akin to implementing the risk principle of offender rehabilitation (Andrews & Bonta, 2010), given our expectation that those who follow the approach-explicit pathway will be higher risk, with the additional advantages that having the rick clinical information about competency obtained from an offense process analyses bring.

3. Conclusion

In concluding this review we return to the idea that particular skills or competencies are associated with repeated IPV. We suggest that the notion of offending competency is most relevant to the coercive controlling group of perpetrators, who are likely to repeatedly act violently over longer periods of time. It makes intuitive sense that such offenders will be violent with increasing frequency and ease, even if they do not specialize in only one form of offending (see Jennings, Zgoba, Donner, Henderson, & Tewksbury, 2014; Vess & Skelton, 2010).

From an intervention perspective, we have suggested that the identification of those who use coercive controlling violence and adopt approach-explicit offense pathways is

important in at least three different ways. First, it is likely that this group holds qualitatively different beliefs about their behavior from other types of IPV offender, and thus will require specific treatment. Second, the developmental origins of their violence may be quite different, having implications for the degree to which these beliefs are amenable to change through intervention. Third, these individuals may be characterized by traits of manipulateness and psychopathy which make them difficult to engage within rehabilitation efforts. Finally, this group of offenders may utilize explicit strategies to avoid detection or the reporting of their violence. There is some evidence available to support each of these suggestions, although more empirical research is clearly needed. It is worth noting here that methods have been developed by which offenders can be reliably classified as using coercive controlling violence (see Johnson & Cares, 2014) although, to our knowledge, there has yet to be any published attempt to calibrate current IPV risk assessment tools using this typology.

Viewing these offenders as “experts” ranging down to “novices” confirms the heterogeneity of the population when it comes to their offence-related competencies. As Bourke et al. (2012) suggest, by looking at differences in experience, knowledge, and skill acquisition, it may be possible to identify cognitive mechanisms used by offenders to block or delay treatment initiatives as well as highlighting those that may aid it. This paper presents the starting point for this type of approach. As Bourke et al. argue “it may be easier to treat late onset or less experienced offenders because their offence-related knowledge, skills, and interpretation of their offences are not as well assimilated as expert offenders and, therefore, may be easier to disrupt” (p. 21). Such within-group difference may well mask the group level treatment effects of current IPV treatment.

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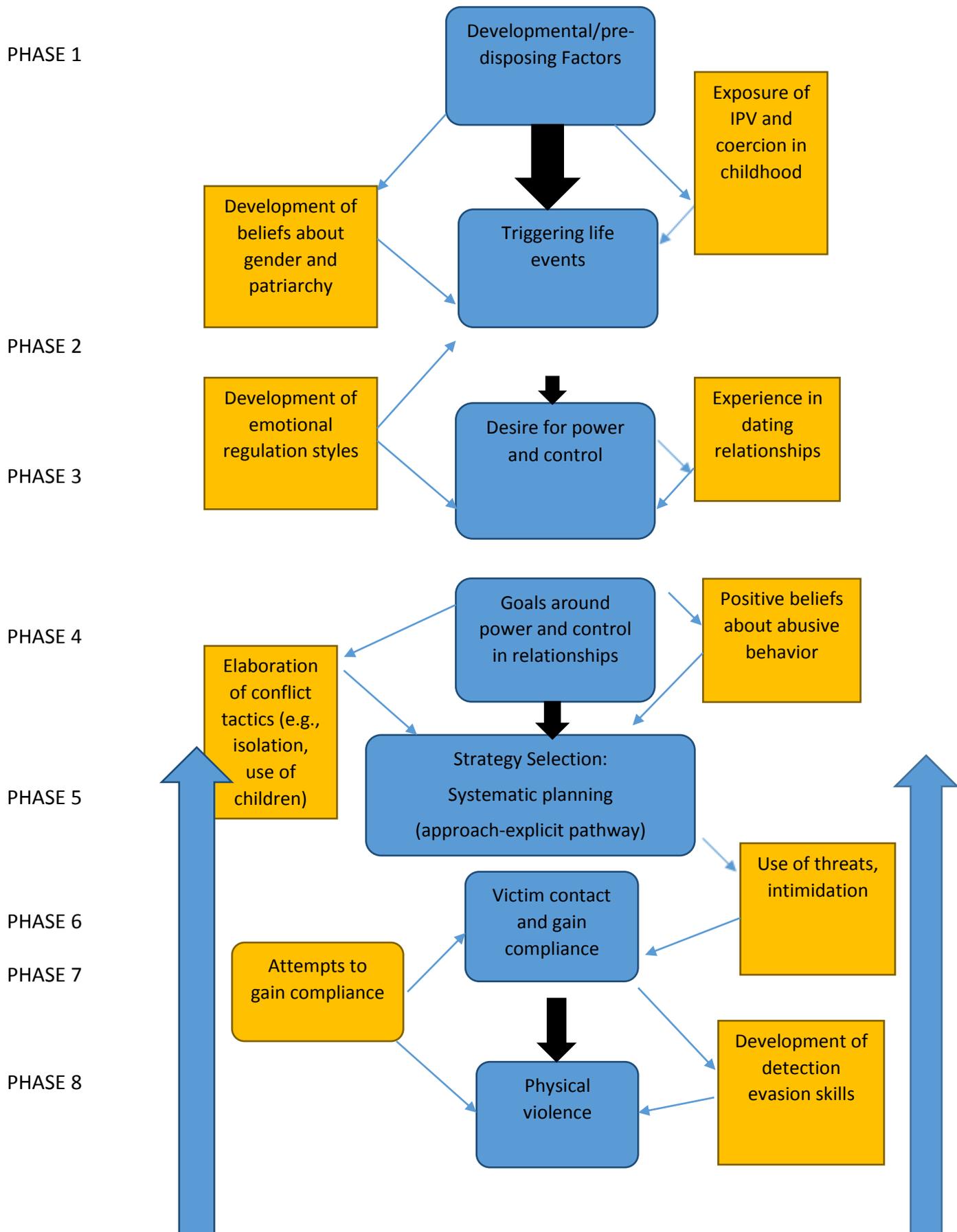
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Figure 1: Self-Regulation Model of Coercive Controlling Intimate Partner Violence



PHASE 9

